

RESIDENTIAL CARE ENQUIRY FORM

**ACH
GROUP**

Good Lives for
Older People

Thank you for your interest in accommodation at one of ACH Group's residential care homes.

Please note that your enquiry form is only a registration of interest for a place in one of our residential care homes and is subject to availability.

We welcome calls to enquire about vacancies and to update us on any changes to your health or circumstances.

We recognise that moving into residential care may be an emotional time for you, so we are here to help wherever possible.

If you have any queries please call the Admissions team on (08) 8159 3530.

Date: _____

Enquiry for:

☐ Permanent Care

☐ Respite

ACAT referral code: _____

Do you have an Aged care assessment (MyAgedCare):

☐ Approved for High Care

☐ Approved for Low Care

ACAT referral code: _____

What is your preferred timing?

☐ Urgent (in the next 2 months)

☐ Waiting list only

I'd like to enquire about:

If choosing more than one home, please number by preference.

☐ Kapara (Glenelg)

☐ Milpara (Rostrevor)

☐ Perry Park (Port Noarlunga)

☐ West Park (Goolwa)

☐ Colton Court (McLaren Vale)

☐ Yankalilla Centre (Yankalilla)

☐ Highercombe (Hope Valley)

☐ ViTA (Daw Park)

☐ Don't know yet / Not sure

☐ Healthia (Elizabeth South) – Due to open August 2023

Personal Information:

Family name: _____ Given name: _____

Preferred name: _____

Gender: _____ Date of birth: _____

Marital status: _____

Address: _____

Phone: _____ Email: _____

What are your current living arrangements?☐ Home☐ Hospital☐ Living with friends/family☐ Residential Care/Respite Care

Other: _____

Contact person (1) for enquiry

Correspondence will be directed to contact person (1)

Given/Family name: _____ Relationship: _____

Phone (home): _____ Mobile: _____

Email: _____

Address: _____

Does he/she hold an Enduring Power of Attorney? ☐ Yes ☐ NoDoes he/she hold a Medical Power of Attorney? ☐ Yes ☐ No**Contact person (2) for enquiry**

Given/Family name: _____ Relationship: _____

Phone (home): _____ Mobile: _____

Email: _____

Address: _____

Do you receive an Aged Pension or any other pension?

☐ Yes ☐ No

Please state (if applicable): _____ (Centrelink or Department of Veterans Affairs)

Pension number (if applicable): _____ ☐ Full ☐ Part ☐ Non Pensioner

Medicare card number: _____ Reference number: _____

Expiry date: _____

Financial status:

Are your assets and income above \$193,219.20? ☐ Yes ☐ No



MORE INFORMATION

An assets assessment is not compulsory, but it will help determine if you are eligible for any Government assistance.

Details of General Practitioner (GP):

Doctor's name: _____ Clinic name: _____

Phone: _____

Please return completed form via post to:

ACH Group Residential Care,
PO Box 646 Torrensville Plaza,
Torrensville SA, 5031

If you prefer, forms can be emailed to us at residentialplacements@ach.org.au

ACH Group is a not-for-profit community organisation promoting opportunities and services to support good lives for older people since 1952.

Let's talk **1300 22 44 77** Visit achgroup.org.au

